TION

V. S. No. 1

1. PLACE OF DEATH County Montgamery Village or City Olney, Mory	land.	Registration Dist. No. 2/7 No. Montagomery County General Haraful death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
2. FULL NAME Josephine adam			
(a) Residence: No. Rockville, Ma	ryland	St., Ward.	
(Usual place of ab		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED		21. DATE OF DEATH	-
Fernale Colored Divorced	vrite the word)	november 28, 1936 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Howard Adam.	5 7	22. I HEREBY CERTIFY, That I ettended deceased from	
6. DATE OF BIRTH (month, day, end year) May -	1885?	1 last saw h. R.Y alive on MOD. 28 , 19.36; death is said	1
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, et	
	rmin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(years)	Chronic rephritis with Hyperlension interon	7
12. BIRTHPLACE (city or town) (State or country) 13. NAME HRNYY (XXVIII)		Other Contributary Causes of importance: Chaonic My ocardelis makes	w
E		Name of operation none Date of	- 7
14. BIRTHPLACE (city or town)	1	What test confirmed diagnosis? Examination Was there an autopsy? no	>-
15. MAIDEN NAME Omie Joppy		23. If death wes due to external causes (VIOLENCE) fill In also the following:	
15. MAIOEN NAME Comie Joppy 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 190 Sq. da Record	5	Accident, suicide, or homicide?	
(Address) 18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	-
Plece Dak Thouse and Oate Pero!	, 19.7.3	Nature of injury	
19. UNDERTAKER Roy Markersley 7 20. FILEO Roy 1936. C. S. Barusl	ly . Registrar.	24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) S. CAAR CLU S. P. CLUMB 1, M. H.	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WELL STATES	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DFC 4 1936	July 5,1927	Peritonitis	3 days ago
	BUSEAU V. 6			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MA	ARYLAND—CERTIFIC	CATE O	F DEATH
-------------	------------------	--------	---------

1. PLACE OF DEATH	11556
County Montgomery	Registration Dist. No. 223
	ND.Washington Sanitaning Als profest., Ward II death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	os. 12 ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 27 Chest nut ave. (Usual place of abode)	St., Ward. 1909 of a New Jersey J
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH November 23, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MR Raymond Barteau Arthur 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attended deceased from 100 11, 1936, to 100 23, 1936 I last saw h. 21 ative on New 22, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to heve occurred on the date stated above, at 4
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month ending 23.1936 spent in this year)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Brooklyn Mew york (Stete or country)	Justin Continued Viles 1934 Justin Continued Viles 1934
13. NAME MR Jessi'e Monaldson 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation grants enteronic Dete of War 13 1
15. MAIDEN NAME Miss Mary Butts 16. BIRTHPLACE (city or town) Little Rest, n.g. (State or country) 17. INFORMANT Washington Sentanum Yelospe Records (Address)	23. If deeth wes due to external causes (VIOLENCE) fit! In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PLOCE Vener Centy h. Date 11/23 , 19.36	Menner of Injury
19. UNDERTAKER THORIENTAL (Address) Wash D. B.	24. Was disease or injury in any way related to occupation of deceased? Wo If so, specify
20. FILED Registrar.	(Address) Washington Bandan & Horsel, 1, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Takana Hack.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11558
1. PLACE OF DEATH	46-19
County Money anery.	Registration Dist. No. , 223.
Village or City / ahour Valh	No. 31 Walmouland St., Ward
Length of residence in gity or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
he (VIII)	1. (\$ 0/)
(a) Residence: No. 3 / Westwelland (Usual place of abode)	St., Ward. If nonzesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
54 If married, widowed on divorced	
HUSBAND of Calour Voilin Dollman	22. 1 HEREBY CERTIFY, That I attended accessed from
6. DATE OF BIRTH (month, day, and year) Feb 2 1859	l last saw h aliva on ///////////////////////////////////
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at
77 9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade profession, or particular	were as follows:
8. Trade profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc.	Ca / Vecture with
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	1932-
work was done, as SILK MILL, SAW MILL, BANK, etc	Melatuses:
this occupation (month and spent in this occupation yaar)	
P.10. 10 +	Other Coatribatory Causes of importance;
12. BIRTHPLACE (city or town) Alexander Collecty (State or country)	7/1/1/1
	try for the mellmon 11/13/36
E O O O O O O O O O O O O O O O O O O O	Control of the state of the sta
14. BIRTHRLACE (city or town) (State or country)	Name of operation Date of 10 17959
15. MAIDEN NAME Mary Com Feslie	What test confirmed diegnosis? Was there an autopsy?
H. Comments of the comments of	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicid?
1- P.P. P.P.	(Specify city of town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3/ Westmoreland	Specify whitelest injury occurred in the both, in notice, of the both reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clashington D. C. Date Nov. 20, 19. 36	Natura of Injury
19, UNDERTAKER The S. S. Syrues Co	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2901-147 At null	If so, specify
20. FILED 100 / 8: , 19 36 70: 6. No get 10	(Signed) To Couvel aux Tolong Park
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A worker			

state

pluods

OCCUPA-

Jo

item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

	Registratio	n Dist.	No. 22	3
No. 57/ Carro	el a		St.,	Ward
leath occurred in a hospital or institution ds. How long in U.S. If of fo				
	nieigii biftii:_		y15	mosus.
a				
St., Ward.	If nonresid	ent give ci	y or town a	nd State
MEDICAL CER	RTIFICA	TE OF	DEATH	
21. DATE OF DEATH		20	,	1
nov	(Month)		Day)	., 193 (Year)
		`		(1001)
no 15	11 1	24	nat i ettende	21
~	ර්ල, to ට් ආ	126	31	1905
to have occurred on the date stated	1	13		.; death is sald
The PRINCIPAL CAUSE OF DEATH		-		
waye as follows:	06	2	/	Date of onset
Davenma	1	سعمر	ar.	would
	0			مرويد
				7
				9
04 - 6 - 41 - 6 - 41 - 4				
Other Contributory Causes of Importa	ince:			
	•			
Name of operation			Dete of	
What test confirmed diagnosis?	one			autopsy?
23. If death was due to external causes				
Accident, suicide, or homicide?				
Where did injury occur?				
Specify whether injury occurred in II	(Specify city NDUSTRY, in	or town,	county and Si	tate) PLACE.
_				
Manner of Injury				
Nature of injury.				
24. Was disease or injury in any way	related to occ	cupation o	f deceasad?	no
If so, specify				
(Signed) P. M. R	Du	le		∩
(Address) 314 E	Casita	1.84	Was	fundant

B

19. UNDERTAKER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepen	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1161-2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

should state

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	--------	---------	------------	----	-----------

infor stat UPA	1. PLACE OF DEATH	48
ould Occi	County Mantagnery	
~	Village or City O Show	No
YSICIANS sl statement of	Length of residence In city or town where death occurred 62 yrs, mos. 2. FULL NAME Clice H enderson Cash	death occurred in a hospital or institution ds. How long in U.S. If of fo
YSIC state	(a) Residence: No. (Usual Nace of abode)	St.,Ward.
COMP PHY ret st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER
T RE L Y. Ex:	2. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
MANER ACT	53. If merried, widowed, or divorced HUSBAND of Walter F. Cashell	22. I HEREBY (
S N	6. DATE OF BIRTH (month, day, and year) July 18, 1875	I last saw h_2 x alive on
ated operly	7. AGE Years Months Days If LESS then 1 dey,hrs.	to heve occurred on the date steted e The PRINCIPAL CAUSE OF DEATH were as follows:
INK—THIS Should be t it may be on back of	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (moght end year) 11. Total time (years) spent in this 30 occupation 30	Eleno-car gulius
NFADING I	12. BIRTHPLACE (city or town) O Drew (State or country)	Other Contributory Causes of importa
H UNFA supplied in terms, See instru	13. NAME & dward C. Henderson 14. BIRTHPLACE (city or town) (State or country)	Name of operation
5 60	(Stele of County)	Whet test confirmed diagnosis?C
carefu carefu TH in	15. MAIDEN NAME Susanna Thompson 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel cause: Accident, suicide, or homicide? Where did injury occur?
Should be OF DEA	17. INFORMANT. Walter f. Cashell (Address) Oney.	Specify whether injury occurred in I
SITE I	18. BURIAL, CREMATION, OR REMOVAL) Place St. Marys Tortule Date how 12 , 1936	Menner of injury Nature of injury
	19. UNDERTAKER Reuben Pumphen (Address) Rockerlle Add.	24. Wes disease or injury in eny wey
-	20 FILED Now 12 19th & Barnely	(Signed)

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. 2/ , give its NAME instead of street and number) oreign birth?_____ds.___ds. ecify WAR_____ If nonresident give city or town and State RTIFICATE OF DEATH CERTIFY, Thet lattended deceased from 36, 10 November 10 49 19 36 end releted causes of importance Oate of onset Was there an autopsy?_20 s (VIOLENCE) fill in also the following: _____, Date of injury_____, 19____ (Specify city or town, county and State) NDUSTRY, In HOME, or in PUBLIC PLACE. (Address) ____ au

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 4 1936	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

BINDING	WILLY A NEWFORK A NEW PARTY
FOR	A MA
VED	DEAL
ESER	TATEL
M KGIN RESERVED FOR	TATAL PARTY A PARTY TAMES
N N	TTATE
	TAY TOTAL

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11562
1. PLACE OF DEATH	
County Monlgonny	Registration Dist. No. 2/3
Village or City Pockvilly	NoSt Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
(0) 0 0 0 . (ds. How long in U.S. if of foreign birth?
2. FULL NAME Marks Mason	Jacob
(a) Residence: No. 409 - 10 all more 17 d - 100 (Usual place of abode)	Fewalth Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) Widowed Widowed	21. DATE OF DEATH To cruber 36,193 6 (Morth) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of Corp WIFE of Kalturium, Lamb Clauk	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, Jay, and year) May 12 -1860	1 lest saw h 2 alive on 11 - 2 5 19 36; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 1/46-7m.
76 6 14 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8 Trade profession or particular	Coronary Heraulusis 11-26-36
kind of work done, as SPINNER, Journal Omploys, SAWYER, BOOKKEEPER, etc Journal Omploys, 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc. War Defer.	
10. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation)	
Marila	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Aug aug	West find An
	14 y millimit Heart dessel 10 yrs
(State or country)	Name of operation
15. MAIDEN NAME CALLANIAR CHARACT	What test confirmed diagnosis? Was there an autopsy?
o 16. BIRTHPLACE (city optown) Many land	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Mr. Chao. C. (faile (Address) Rockwille - mol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL forest The	Manner of injury
Place St. Johns Jey - Data nov 29, 1936	Nature of injury
19. UNDERTAKER WM. Pruben Pumphury (Agdress) Ro esselle manyland	24. Was disease or injury In any way related to occupation of deceased?
20. FRED 11 28 , 19 3 6 mis W. J. P. Det. Registrar.	(Signed) N. S. Mungely M. D. (Address) Redruille/ W.S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 7 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.	1 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11563
1. PLACE OF DEATH	(31)
County Montgomery	Registration Dist. No. 2/6
Village or City Chevy Chase, Maryland.	No. 15 W. Wood St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsn	
2. FULL NAME CHARLES D. CLUGSTON	I har teteran, Secily! - nota reteran
(a) Residence: No. #15 W. Woodbine St.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or DURSENE Alice M. Clugston	22. I HEREBY CERTIFY That I attended deceased from
5 DATE OF BIRTH (month day and year) July 27, 1885	I last saw W. i.M. elive on Aby 3, 1936; death is sald
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:550 m.
51 3 7 I day,hr	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Subacute factural welocardity April 193
9. Industry or business in which work was done, as SILK MILL, Judson Supply Olguy	6
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. 1D. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation (month and year)	
12. BIRTHPLACE (city or town) Lansing, (State or country) Michigan	Other Contributory Causes of importance: (Ironic Sommilouphits April 934
	- Congestino carollar failure 19393
13. NAME Unaries F. Glugston, Unknown,	
(State or country) Indiana	What test confirmed diagnosis? Block culture was there an autopsy? Lab
15. MAIDEN NAME Isabel Dennett	23. If death was due to external causes (VIDLENCE) fill In elso the following:
15. MAIDEN NAME Isabel Dennett 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Mr. Dille, (Address) 917-1844. A. hash	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR-REMIDVAL Q. Date 11-3 193	Manner of Injury
19. UNDERTAKER Marting () Address) 1300 N St. N.W.	24. Was disease or injury in any way releted to occupation of deceased?
20, FILED 11-3 , 19 36 B. C. Perry M. Rejistrat.	(Signed) Harl C. Colled M. D. (Address) 3921 Fugo was St. H. W.
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DFC 3	July 5,1927	Peritonitis	3 days ago
BILLING AND			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH	564
1. PLACE OF DEATH	(20)	
County Mont gomery	Registration Dist. Ng. 22	-2
Village or City Ta To ma Park	ND. Weshington Soutarium and Dospstital	Ward
\ (If	death occurred in a hoppital or institution, give its NAME instead of street and nu	ımber)
Length of residence In city or town where death occurredyrsmos.		ds.
2. FULL NAME MR Stephen Montgomery C	obb If U. S. Veteran, specify WAR.	
(a) Residence: No. Mary dall Md. Caro	lest, Co. Ward.	
(Usual place of abode)	If nonresident give city or town and S	iale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	,
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 3	(
Male White Married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Thet I ettended do	annead from
(or) WIFE of MRS Amanda C. Cobb	0/ 1 2	
6. DATE OF BIRTH (month, day, end yeer) March 111, 1852	Hest saw h 12m alive on Wou 3 ,1936;	death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 12-40 m.	
84 7 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
9 Trade profession or particular	were as follows.	Date of onset
kind of work done, as SPINNER, Minister		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Perforating Olcer of Colon	Nor 2-1931
work was done as SILK MILL, Seventh Day Adventist	O J	
10. Date deceased last worked at this occupation (month and Oct 3) 436 spent in this occupation (cupation)		
P 11 12 1 11 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) 1455ell new york (State or country)		
	,	
E We A	Name of operation Exploratory Date of	+12.16.1
14. BIRTHPLACE (city or town)	A same to	1/20
	What test confirmed diagnosis? Westhere an au 23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:	
= 3, < 1	Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)	Where did injury occur?	,
1 1 5 7 . 8 101 00 1	(Specify city or town, county and State))
17. INFORMANT Washington Sentarium Ed Hosp Mccods	openy finement injury occurred in the south, in floring, of the lobels few	UL.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Templeville M. Date 200 3, 1936	Nature of injury	
Mr N P La bens Bo	24. Wes disease or injury in any way related to occupation of deceased?	us
19. UNDERTAKER (Address) 1400 Rehing M. M. M.	If so, specify	
5 - 11/1/12 10	(Signed) OParrecy	M D
20. FILED NOV 3 , 1934 Th 21 27	1.6 - 0: 10 0	7/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Takoma Yarlo Nea

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: VED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DEC 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

- " E	And Va and	(93-c)
occ onld	County mangamery	Registration Dist. No. 216
item of should of OCC	Village or City Confaut Road,	No. Zul. St.
	(If	death occurred in a hospital or institution, give its NAME instead of street and num
N.S.	Length of rasidence in city or town where death occurred yrs. mos.	ds. How long in U.S. if of foreign birth? all this Life
Every SIANS ement	2. FULL NAME Villiam tillmare (a	ulle If U. S. Veteran specify WAR Two Le,
COAD. Every PHYSICIANS act statement	(a) Residence: No Coudint Rd. Mean (Usual place of abode)	St., Ward Dy Ceasur Star If nonresident give city or town and Star
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH You. (st. 19
T I E	5a. If married, widowed, or divorced	(Month) (Day)
MAN A C assifi	HUSBAND of Wellie Couls	22 I HEREBY CERTIFY. That I attended dace
EX EX or	6. DATE OF BIRTH (month, day, and year) Sept 16-188/	I last saw him alive on Oct. 27-,193 6; de
IS A PE stated E properly certificate	7. AGE 5-5 Years / Months / / Deys If LESS than	to have occurred on the date stated above, at
IS A P stated properly	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
PO	8. Trade, profession, or particular	Chronic myocarditas
HIS be of	SAWYER, BODKKEEPER, etc., Waterwar	
ould may	9. Industry or business in which work was done, as SILK MILL,	7
7 26 -6	SAW MILL, BANK, etc	
E H H T O	this occupation (month and 3/12 spent in this 2094	
NG I AGE that	Praymenttages	Other Contributory Canses of importance:
DI So ucti	12. BtRTHPLACE (city or town) (State or country)	produce a comme
UNFADING supplied. AGI n terms, so tha	# 13. NAME (V: + Illysore Courbs	
	I	Name of granting -1 - DASP Potent -
y sul	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an auto
	15. MAIDEN NAME Katheleeu -	23. If deeth wes due to external causes (VIDLENCE) fill In also the following:
S. at	THE SOLUTION AND A SO	Accident, suicide, or homicide? Date of injury
AINLY, id be car DEATH	16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
i e b	Alollio Topula.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17, INFDRMANT (Address)	opening matter in the book of the following the first of the following the first opening the first ope
-	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
-WRITE mation CAUSE TION is	Place / Oshington D. C. Date //or 1, 19 36	Neture of injury
WRIT mation CAUS TION	19, UNDERTAKER 91 91 Bhambers	24. Wes disease or injury In any way related to occupation of daceased?
I E O E	(Address) 4400 Chalen St 9.1%	If so, specify
m ·	20 FILED HOV. 1- 136 Hamaay, Days and	(Signad) Wheeler, Huff
	I AU. TILLU A PERA C . IN MY UNAT VVALAVA I VAT VALAVA	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEO 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Land Control C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) n hospital or Institution, give its NAME in stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX OR DIVORGED Write the word) .. (Day)... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the l'is ase Causing Death, or, FZ CAUSI Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCU2) lents or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER _____yrs...... mos...... ds. of death (State or Country) Where was disease contracted, T if not at place of dea.h? shoul Every item CIANS sho statement usual residence DATE OF BURIAL If more banks are needed, addre s Ltate Kegistrar, 16 W. Saratoga St., Balto., Requesting

ARGI

r m Bretisala

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Loborer—coat mine, etc. would en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesmon. nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enetc., For many occupations a single word of term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic ocid—probably suicide. The nature of the injury taken. For violent deaths state means of injury accident. Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "eontributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Mcosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, Lamples: A ceidentol drowning; Struck by railway train-State eause for which surgical operation was under-"PUERPERAL septicocnia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting TO. S. 166. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage pro 4 1999	July 5,1927	Peritonitis	3 days ago
BURRAII V. S.			1
Other contributory causes of importance:	11,7-1,24	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
----------------------	--------------------	----	-----------

Every item of infor-

ITE PLAINEY, WITH UNFADING INK-THIS IS A PER	in should be carefully supplied. AGE should be stated E	SE OF DEATH in plain terms, so that it may be properly	is very important. See instructions on back of certificate.
HIS	pe	pe .	jo 1
I-I	plnoi	may	back
N	Sh	t it	on
DING	. AGI	so tha	ctions
UNFA	pplied	terms,	instru
ITH.	ully su	plain	t. See
TY, W	e caref	ATH in	portan
LAIN	q plu	DE	ry im
E P	sho	3 OF	S ve
E	H	SI	

N. B.-WR V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	130
County Manty on examin CORPORT	Registration Dist. No. 223
Village or City Takoma Park (II Length of residence in city or town where death occurred yrs, mos	Nowashing Sanitarium & Hospward death occurred in a hospital of institution, give its NAME instead of street and number death occurred in a hospital of institution, give its NAME instead of street and number death occurred in a hospital of institution, give its NAME instead of street and number death occurred in a hospital of institution of the street and number death occurred in a hospital of institution of the street and number death occurred in a hospital of institution of the street and number death occurred in a hospital of institution, give its NAME instead of street and number death occurred in a hospital of institution, give its NAME instead of street and number death occurred in a hospital of institution, give its NAME instead of street and number death occurred in a hospital of institution, give its NAME instead of street and number death occurred in a hospital of institution in the street and number death occurred in a hospital of institution in the street and number death occurred in a hospital of institution in the street and number death occurred in the st
2. FULL NAME MYS FINNO Crowell	If U. S. Veteran, specify WAR
(a) Residence: Np. 3555 — Joth N. W. (Usual place of abode)	St., Ward. Washington, D. C. V. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE WARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Weyenbey (Day) (Yeer)
ie. If merried, widowed, or divorced HUSBAND of (or) WIFE of TSaac Crowell	22. I HEREBY CERTIFY, Thet I ettended deceased from
1 11	October 25, 1936 to Wavember 6, 1936
5. DATE OF BIRTH (month, day, end yeer) October . 1866	I last saw h Lt. elive on 2001. 6 ,1936; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, et
ormin.	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Howse Wife	myocaroial Degeneration 6 mos
SAWYER, BOOKKEEPER, etc.	Chronic Interstitiat
work was done, es SILK MILL, Own Home	he chritis 8 grs
I O. Date deceased last worked et 11 Total time (years)	
this occupation (month end 936 spent in this 53 My	Other Coutributory Causes of importence;
12. BIRTHPLACE (city or town) Zitomer	Office Contributory Causes of Importance.
(State or country) RMSS: a	Code lithaisis 440
13. NAME Jacob Weitzenfold	
13. NAME Jacob Weitzenfold 14. BIRTHPLACE (city or town) Zitarney	Neme of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy? L. &
15. MAIDEN NAME Ethel Robbers 16. BIRTHPLACE (city or town) Zitorney, Rossian Country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Zitomory Russia	Accident, suicide, or homicide? Dete of Injury, 19
	Where did injury occur?
17. INFORMANTULASSING Ton Sandtanium Relove	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Q. Date Mov. 8, 1936	Manner of Injury
19. UNDERTAKER B. Warrangkey (Addiess) 3.500-1111-Septim	24. Was disease or Injury In any wey releted to occupation of deceased?
20. FILED NOV 6, 19.36. No. E. Rogers (Registrar.	(Signed) Edna F. Patterson M. 1 (Address) Takoma Park Mel.
If more blanks are needed address State Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthetia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory cause of importance, name other important diseases or injuries. Examples:

Exampl	e I		Example II	,
The principal cause of death and of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	>	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1000	July 5, 1927	Peritonitis	3 days ago
	36 market			St
Other contributory causes of im	portance:		Other contributory causes of importance:	4-12
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

7	1	1.	12	1.	
1	I	5	0	1	

1. PLACE OF DE	ATH				
County Monta	c Co	ARL THE	LEW WILLIAM	Registration Dist. No. 2	18
Village or City	Gaither	rsburg	Md C	ityNo. St.,	Ward
			(il	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in	city or town where	death occurred	yrsmos	sds. How long in U.S. if of toreign birth?yrsm	osds.
2. FULL NAME		Crown	4 + 0 4 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
(a) Residence: No.	Gaither	sburg	Md Ci	tyst., Ward.	
PERSONAL A	ND STATIST	(Usual place		If nonresident give city or town and	State
	LOR OR RACE	,	RIED, WIDOWED,	21. DATE OF DEATH	
Male White OR DIVORCED (write the word)			D (write the word)	11 25	1936
5a. It married, widowed, or d		1 21 1	100	(Month) (Day)	(Year)
HUSBAND of Agr		Grown.		22. I HEREBY CERTIFY, That I attended	deceased trom
		72 0 (172)	-/ 2/	, 19, to	, 19
6. DATE OF BIRTH (month,	day, and year)	June I5	th 1867	I last saw h, 19,	.; death is said
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 8 mm m.	
I867 69	5	IO	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, protession, or kind of work dor	particular e. as SPINNER.			Protably Coronary orland	
SAWYER, BOOKH	EEPER, etc	etired-	Farmer	-	
work was done, a	IS SILK MILL,				
10. Date deceased last	worked at	11. Total t	me (years)		
this occupation (i			ntinthis 1930		
12 BIDTUDI ACE (eity or tou	(a) (a)	2		Other Contributory Causes of Importance	Sunno
12. BIRTHPLACE (city or tow (State or country)	wwary-	and		Chr. The haritie	years
13. NAME Ambro	go Cnc	ועוו		Hy her Tenhan	
13. NAME AMDRO		11 4 4		Name of operation	
(State or country		4 ~ • • • • • • • • • • • • • • • • • •		What test confirmed diagnosis? Was there an	au'onsy?
15. MAIDEN NAMEAN	nie Glo	ord		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city of	38.5	0		Accident, suicide, or homicide? Date of injury	
State or country	,	*		Where did injury occur?	
17. INFORMANT ASD	es Crow	n.		(Specify eity or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE
	aithersh		d	1 in us alle	- G
18. BURIAL, CREMATION, OF	REMOVAL			Manner of injury 10 Lugar of dee	en
Place Goitin	ersburg-	Date To	V-27-,19-5	Nature of injury at hour	
19. UNDERTAKER	rnest C	Gartn	er	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	Gaithe	rsburg	Md	If so, specify	
20, FILED 7 02 . 2 G	2 10 36 6	41d-18	Sooke	(Signed) WM Januar	M. D.
ev, riceva-p-parti-12-06-2	-, 13.00.46.665666	- ST. VERNELL . ST.	Registrar.	(Address) - Garabershy	4 7 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B. SEALLY S)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-485	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

200, Q/15

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

IION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11570
1. PLACE OF DEATH	- 61 D
County Minggney	Registration Dist. No. 2/6
Village or City Child Charles (If	No. / 0 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Homer Bryan Vavis	I world war heterau
(a) Residence: No. / D & World (Usual place of abode)	St., Md Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Manuel Manuel	21. DATE OF DEATH // 2/ 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of felen Catherine Vavis	22. HEREBY CERTIFY, That I attended deceased from 1/-2/-36, 19
6. DATE OF BIRTH (month, day, and year) April 10, 1890	I last saw have alive on 11-21-36 19 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 5.32em.
46 7 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and expent in this occupation (mont	Corney Mention 11-21-36
work was done, as SILK MILL, US Many	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) on Francis Cal- (State operatory)	Other Contributory Causes of Importance:
14. BIRTHPLACE GRY OF TOWN) ME MANUEL	Name of operation Date of
Estate or country) // // // // // // // // // // // // //	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME La Bryan 16. BIRTHPLACE (city or towny)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury,19
(State of country) (All of the country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / 102 filled Carrain fors (Address) / 0 & W Filed	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PHARINGTON NON Cer. Date 1/21, 1936	Manner of injury
19. UNOERTAKER Thowas K. Tabler (Address) 4217-9", M. Nach 20. 6.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO 11-21, 1936 BC Perry 74 B. Registrar.	(Signetif Amus of Laveton M.D. (Address) 2 U 3 Elm Of Chammed
If more blanks are needed, address State Registrar.	DAXX N Charles Street, Ballimore, Requesting T) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

V. S. No. 1 N. B.

should state

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(50)
County Moulgomery	J	Registration Dist. No. 214
Village or City Lilver	Ipring, Mid	NoSt.,Ward
Length of residence in city or town where death	/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MAS ORD	in L Davies	martha Jane)
(a) Residence: No. 8603 me.	L: PI	St., Ward.
	Sual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
Female white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Orrin L. N	aries	22. I HEREBY CERTIFY, That I attended deceased from Ling 8 1936 to her. 15 1936
6. DATE OF BIRTH (month, day, and year Hel.	8.1872	I last saw h a alive on how 15 1936 : deeth is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 320 m.
64 8	17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	mile	Carcinoma of left breast
9 Industry or business in which	and of a	chest wall + apilla
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Sur 2f (State or country)	nle	Other Contributory Causes of Importance: Metastasis imploring the sugar-
13. NAME Planis aikin		+ infra classicular glands
13. NAME / Louis Cikin 14. BIRTHPLACE (city or town) State or country)	nd	Neme of operation
15. MAIDEN NAME Ollars Wil	soni	What test confirmed diagnosis?
15. MAIDEN NAME Man Will 16. BIRTHPLACE (city or town) Drulla (State or country)	nd:	Accident, sulcide, or homicide? Date of injury, 19
8 0 0	nes	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL		Manner of injury
Plece Chicago III D	ate 11,16 1986	Nature of injury
19. UNDERTAKER Warnes &	unphry	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 444 16 , 19 36 7	& Wadley to	(Signed) Silver Dring Maryland
	The mester ar.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were		Date of onset
Arterioselerosis	1915	Attack of epilepsy	BUREAU S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	8	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	LEDE & NV	3 days ago
			MECELAED	B
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Mouls owers	Registration Dist. No. 217
Village or City Older Md.	The Morety Co Level Horne Wall
	death occurred in a horpital or inditution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daplica 4 ealheisto	If U. S. Veteran, specify WAR.
(a) Residence: No. Onletter Ond (Usual place of abode)	St., Ward. - If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH November 24, 193 6 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaased from Och 27, 1936 to Rosseucher 24, 1936
6. DATE OF BIRTH (month, day, and year) Dest 13 1863	I last saw here alive on November 24 , 1936; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the dete stated above, at X=1.5A_m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
_ 8. Trade, profession, or particular	were as follows:
kind of work dona, es SPINNER, Registered Russ	e Joban Ineumonia, 1/15/3
9. Industry or business in which work was done, as SILK MILL Survaile during SAW MILL, BANK, etc. 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year) 12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) / Brookelyn	Other Courses of Importance.
(State or country) N. 4.	myocardeles 1934
13. NAME Newy 7: + eschession	
13. NAME Newsy 7: + eschessions 14. BIRTHPLACE (city or town Carle (State or country) Treland	Neme of operation
15. MAIDEN NAME Sopling Louise Suck	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury, 19
(Stata or country) Euglaced	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT. No pital records. (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Brinklow Two 35, 1936	Manner of injury
19. UNDERTAKER UM. Reuben Pumbliky (Address) Rockvill - mil.	24. Was disease or injury in any way related to occupation of deceased? Zec.
20. FILED Now 25, 136 C. S. Barnsley. Registrar.	(Signad) Elizabet Simpleson M. D. (Address) Sand Spring Ord
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 4 1926	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

& BINDING	
FOR	1
VED VED	
KENERVED	
N N	
KGIN	1

-WRITE

B.

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. 214 with shrings (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred _______yrs. mos. ____ds. How long in U.S. if of foreign birth? _____ yrs. ____ mos. 2 If U.S. Veteran specify WA (a) Residence: Np. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CTL (Month) (Yeer) classified. 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. Thet I attended deceased from (or) WIFE of EX 6. DATE OF BIRTH (month, dev. and year) certificate. 7. AGE If LESS than Months Davs to have occurred on the date stated above, at 1130 H.m. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. _______ NO Jo OCCUPAT back plnods may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel time (years)
spant in this on occupetion __ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied. C FATHER See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) be carefully What test confirmed diegnosis?. Vas there an autopsy? _______ MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ DEATH 16. BIRTHPLACE (city or tow (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnous OF 18. BURIAL, CREMATION, OR REMOVA Menner of Injury - Date. mation Neture of injury LON 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify. (Address) 47 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 12 M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis 6 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			V=SHEAT

		STAT	E OF	MAR	YLAND-	CERTIFICATE OF DEATH	1574
1	. PLACE OF					(106P)	7
	County	ntgomer				Registration Dist. No.	/ '
	Village or Ci	ty Olne	y, md	•		No. The montg. Co. Gen. Hossit	Ward
	Length of resid		n where deat	th occurred	yrsmos	700	
2	. FULL NAM	4	POYU	on - A	reffer S.	Thuhalif U. S. Veteran, specify WAR	
	(a) Residence	e: No. Torne	erly !	(Usual place	of abode)	St., Ward. If nonresident give city or town as	nd State
della	PERSON	AL AND ST	ATISTIC			MEDICAL CERTIFICATE OF DEATH	
3.	male	4. COLOR OR R		OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH NOV-CHILD (Day) (Day)	
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or divorced				22. I HEREBY CERTIFY, That I ettende October 23, 19 06 to NOV. 25,	d deceased from
6.	DATE OF BIRTH (month, day, and ve	ar) NOV	. 5, 1	890	liast saw him alive on	. β; death Is seid
	AGE Year		onths	Days 20	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 10:55 m. /	
7	8. Trade, profes	sion, or particular				Weld \$3 IUIIUM3.	Date of onset
OCCUPATION	kind of work done, as SPINNER, Steeple Jeck 9. Industry or business in which work was done, as SILK MILL,				e Jack	Chronic colitis	1921
DOCC	SAW MILL, BANK, etc			11. Totel time (years) spent in this occupation			
12.	BIRTHPLACE (city	W.	shing		· C.	Other Contributory Causes of Importance:	Juknow
_	(State or coun					Chronic bronchitis	Juknour
HER	13. NAME W .	J. Flu					
FATHER	14. BIRTHPLACE (State or		Balt	imore,	d	Name of operation IN ONE Dete of What test confirmed diagnosis? IXPMINSTION Was there as	n autopsy? = VO
IER	15. MAIDEN NAM	ME Wino	VE DE	rry		23. If death was due to external ceuses (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (State or	(011) 01 101111/	Balti	more,	. D.u.	Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17.	, INFORMANT (Address)	hospit	al re	cords.		— (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE,
18	BURIAL, CREMATI	0	outs Co	Date Tru	N 26,1936	Menner of injury	
19	. UNDERTAKER U (Address)	Jm. P	evill	r - n	indlury	24. Was disease or injury in any way related to occupation of deceased? If so, specify	140
20.	FILED Mar 2	5) 1936.	C. S.)	Barnel	Registrar.	(Signed) Charles Saudy Sform	7 M.D
			If more bla	inks are needed!	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-1109-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Cerebral hemographese	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. C.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

B.-WRITE

should state

1. PLACE OF DEATH	
County Mosatgosassay Village or City Like smal Tark	No. Wash Sam & Hospital Ward
(li	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jone Marie Fauler (a) Residence: No. Capital Rosights (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ternale White Single	21. DATE OF DEATH Nov. 25th (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day,hrs. Ofmin.	i last saw h_Exelive on
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Other Contributory Gausse of importance:
12. BIRTHPLACE (city or town) Jokoms Tark md. (State or country)	Tenknow
14. BIRTHPLACE (city or town) Prince george Country. (State or country) 13. NAME alfred Winfield Forder (State or country) May 13. NAME alfred Winfield Forder	Neme of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hilda Brandtt 16. BIRTHPLACE (city or town) Rathelilas, Wise (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Washington San Records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL Place Cafull Douglite. Doto Mos 26, 1936	Menner of injury
19. UNDERTAKER Usufield Maroder Vacher (Address) Cafillol Heighto. Tid.	if so, specify — dusta EN III
20. FILED Nov 26, 19.36 36 - 6. Rogers	(Signed) \ (Address) NO 9 (movel are

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis \	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	946
County mont gonery -	Registration Dist. No. 2/
Village or City Proofcevelle R.J.D.	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME My Vrained Sunte Gara	trell If U. S. Veteran, specify WAR
(a) Residence: No. MA Brighton nul	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH Now - 28 - , 193 6 (Month) (Day) (Yaar)
Mr married, widowad, or diversed in 1938 Arts of Con WHE OF Chas a Gartrell 53	22. 1 HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Jan 2274 1862	Vlast saw h. C. Alive on 2150 28 1936 : daath is sel
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2m.
74 10 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were es rollows:
kind of work dona, as SPINNER, Jours Keeper	arterio Solerosis +
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) 12. Total time (years)	Hypertension metro
10. Date deceased last worked at this occupation (month end / 936, spant in this year)	
2. BIRTHPLACE (city or town) Montgonery Co (Stata or country)	Other Contributory Causes of importance:
1	towary remission /08
13. NAME Franklin Groomes 14. BIRTHPLACE (city or town) MONK CO	Name of operation TONE Date of
(State or country) Md ~	What test confirmed diagnosis? examination was there an autopsy? Z
15. MAIDEN NAME mary ann Joaphs.	23. If death was dua to axtarnal ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Month Co	Accidant, suicida, or homicide? Data of injury, 19
(State or country) md -	Whare did Injury occur?
7. INFORMANT Sur Jas Brown (Addrass) Braske ville To 22 -	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Hury - Mc Date No 30 , 1936	Menner of injury
9. UNDERTAKER PM. Peuben Tumpling (Address) Pochvilly - mil	24. Was disease or injury in any way related to occupation of deceased? NO
O. FILED 12- 29-1936. C. S. Bously	(Signed) Charles Sandy M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
AUKTAU V. S.				
Other contributory causes of importance:	4.74	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

OCCUPAplnods

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11577
1. PLACE OF DEATH	22
County mont gonery	Registration Dist. No. 217
Village or City Olynor	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tolarence L. Gil	but If U. S. Veteran, specify WAR
(a) Residence: No. Olney Md — (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Walter	21. DATE OF DEATH (Month) (Day) 4 , 193 (Fear)
5a. Il married, widowed, or divorced HUSBAND ol (or) WHFE of Posel Gelpin	22. I HEREBY CERTIFY, That I altended decaased from NOV (+ , 1936, to NOV (+ , 1836)
6. DATE OF BIRTH (month, day, and year) July 2/2 /870	I last saw h. M. alive on Drolf 4, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
66 2 23 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
9 Yeada prologgion or particular	Date clonset
A hade, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the same time (years)).	myscardilis 1930
10. Date deceased last worked at this occupation (month and 1930 spent in this occupation 35	
12. BIRTHPLACE (city or town) Monte Co (Stata or country)	Other Contributory Causes of importance:
	choucesius now/3
I 13. NAME CECUTO, CO. Telpon	
13. NAME Cello, Co. Sulpin 14. BIRTHPLACE (city or town) Balto (State or country)	Name of operation
(Clara of County)	What tast confirmed diagnosis? 4
15. MAIDEN NAME ame Jeast	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Annie Deast 16. BIRTHPLACE (city or town) Dallo (State or country)	Accident, suicide, or homicida? Date of Injury, 19
(Slate or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / CORE N Filder	Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

V. S. No. 1

B ż (Address)

(Addrass)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arlerioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 4 1936	July 5,1927	Peritonitis	3 days ago	
BUNGAU V. E				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TATE	OF	MADVI	AND-CERTIFICA	TE OF DEATH
DIAIE.	UL	WARTI	AND CERTIFICA	IE OF DEATH

1	1	5	7	8

1. PLACE OF DEATH	(J31)
County Monlowners	Registration Dist. No. 218
Village or City Alex Echo	NoSt.,Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
0 2/12	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE OR DIVORCED (write the wo Male A: S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo M: Sravel	
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Many Calturing gins	22. I HEREBY CERTIFY. That I ettended deceased from October 3 1936, to Marine 3 1936 I last sew h. Marine on Marine 2 1936, deeth is said
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Oays If LESS t	1/200
90 3 7 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Mremia Union
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 1924 spent in this year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country) 13. NAME Samuel Linguis	Clima replication
(Stete or country)	Neme of operation Oete of Whet test confirmed diagnosis? Westhere an eutopsy?
15. MAIOEN NAME matelle Crowford	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Unbnown (Stete or country) Inaughoria	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Clavenu Huggins (Alen Ech	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lauthung up Octo 2006, 19	Menner of injury Neture of injury
19. UNOERTAKER Spalling Just	24. Was disease or injury In any wey releted to occupetion of deceased? 1
20. FILEO MOT 5, 1936 Alverda J. S. Regist	(Signed) les d'Adress M. D. (Address) 23 2 c. Les Cau

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

73 20 2000

V. S. No. 1 N. B.

should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11579
1. PLACE OF DEATH	108
County CYLONICAMENY U	Registration Dist. No. 223
WIN CVIIIage of City IMT & Rom and are	No. Us a shongton San 32 2 to Story Ward
	If death occurred in a hospital or institution, give its NAME instead of steet and number) osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Norma Arggens (a) Residence: No. 602 Albert Mayle A (Usual place of abode)	UESt., Ward. Jakoma Park md - If nonresident tive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Strale	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Nov. 26, 1933	
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
2 11 28 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	welly rubular regulars 11/21/36.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years)	
12. BIRTHPLACE (city or town) Jalana Park (State or country)	Other Contributory Canada intoffance Scalar al Cillis Sudia
	Part of the orange with the state of the sta
E BI AR	Name of operation.
4. BIRTHPLACE (city or town) 131 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Whet test confirmed diagnosis linual & Late Was there an autopsy 1200
# 15. MAIDEN NAME MZUME LENEU -	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME MAUNE KEENEY 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Wash. San ant Jasp Records	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL. Park. Nov 25, 193	Manner of Injury
19. UNDERTAKER AS PROVINCE (Address) & THE MAN YOUR CARE ME Wash go	24. Was disease or injury in any way related to occupetion of deceased?
20, FILED 200723 1936 - St Edgers	(Signed) Howard / Mane J. M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

T. 20. T.	RGIN RESERVED FOR BINDING	FOR BINDING
B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	I UNFADING INK-THI	S IS A PERMANENT REC
mation should be carefully supplied. AGE should be stated EXACTLY. Pl	supplied. AGE should be	stated EXACTLY. Pl
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	in terms, so that it may be	properly classified. Exact
TION is very important. See instructions on back of certificate.	See instructions on back of	certificate.

AD. Every item of infor-IYSICIANS should state statement of OCCUPA.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11580
1. PLACE OF DEATH	
County malformy	Registration Dist. No. 2/3
Village or City Reschille	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word) Marrier	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Uly 6 1862	22. I HEREBY CERTIFY. That I attanded decaesed from 22 1934, to 9 9 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw has alive on by the said to have occurred on the data stated above, at S. 3 C.Am.
7/1 3 BO 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of one et
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1521
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mausland	Other Contributory Causes of Importance:
(State or country)	arterio Schlewis untin
13. NAME Receber agusta Bak	34
13. NAME Seuber (igusla) Bak 14. BIRTHPLACE (city or town) Aday town (State or county)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy? As
15. MAIDEN NAME	23. If daeth wes due to external causes (VIOLENCE) fill in also that following:
15. MAIDEN NAME Sauce Bravers 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss Portes Aligques (Address) R. Chuelle - mod gains	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place O Chrille Union Date 7 10 7 , 1930	Manner of injury
19. UNDERTAKER AM. Scyfen Tumphrey (Addrass) Cochvelly Mill	24. Was diseesa or injury in anyway related to occupation of deceased?
20. FILED 10 - 6", 1936 mis. W.J. Pall Registrar.	(Signed) Rolle Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	VAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIA	A]
--	--	-------	----

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	1581
1. PLACE OF DEATH	- ROD	,
County Mondgonseas	Registration Dish No. 2/	6
William or City () Landary () hare	No 20 16. Medorino	Word
	If death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where deeth occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Omma yett Ho	ggard If U. S. Veteran, specify WAR	
(a) Residence: No. 207 6. Tuderwood	St., Ward.	
(Usual pl/ce of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDQWED,	21. DATE OF DEATH	
T. White Or DIVORCED (write the word)	Hovember 17	, 193 6
5a, if married, widowad, or divorced	(Month) (Day)	(Year)
HUSBAND OF COMPLY HOSE AND	22. I HEREBY CERTIFY, That I attended	. /
Die de la	7000. 3 ,1936, to 2000. 17	
6. DATE OF BIRTH (month, day, and yeer) / Makey 10 - 18 8 2	I last saw h aliva on ZCOM: 17 , 19.36	t; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at	
39 8 / ormin.	wara as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	-J / /	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Toypernefelmanna	1023
work wes done, as SILK MILL, SAW MILL, BANK, etc.	They are warney	1.7.3.9
10. Dete deceased last worked at this occupation (month and spent in this		-
yeer) occupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) WOSM'S		
(State or country)	Muenna	11/3/36
13. NAME NOVEY TYAY		
13. NAME ABOUT Hyatt 14. BIRTHPLACE (city or town) Wash (State or country)	Name of operation	A. 0.
(State of County)	What test confirmed diagnosis?	
15. MAIDEN NAME Olla Varaler	23, If deeth was due to external causes (VIOL ENCE) fill in also the following	
(State or country)	Accident, suicida, or homicide? Date of Injury	, 19
- (Stata of country) fund of amangas	Whera did injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT WOOD TO GUARANTE (Address) 2076 Audiento of	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury	
Place Walf. D	Nature of Injury	
LA HADERTAKER UPS GALLERY Son	24. Was disease or injury In any way related to occupation of decaasad?	ela
19. UNDERTAKER (Address) (73 6) a ave no to	7	
La rusa 11 - 12 land flamath land	(Signed) dealine, blaman	M.D.
20. FILED 11-1, 19-3-6-1 WILLIAM S. COULD Registrar.	(Address) 3921- dug sunge	188

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
			you.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
---	------------	-----------	---------	------------	----	-----------



ż

of OCCUPA.

1. PLACE OF DEATH	(862)
County Montgomery	Registration Dist. No. 223
HIN C Village of City Jakoma Wark Md	No. Washington San X Alago Ward
	death occurred in a hospital or indication, give its NAME instead of street and (mber) ds. How long In U.S. if of foreign birth?yrsmosds.
C Harris death occurred 11/15	, N
2. FULL NAME Carrier pairs	M. J. U.S. Yeteran specify WAR.
(a) Residence: No. 1108- Willess aw, Wen	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 1936
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1936 10 Nov. 29 1936
6. DATE OF BIRTH (month, day, and year) aug 19 1917	I last saw have allve on Mor. 29 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 3 - 8 m.
19 3 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_ 8. Trade, profession, or particular	accidental fall. Was roofing building & fall Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceased last worked at this occuration (month) and	to ground, a distance of sout Il pataluff
9. Industry or business in which work was done, as SILK MILL, Rading Co. SAW MILL, BANK, etc.	gas agentine non 2
10. Oate daceased last worked at this occupation (month and year)	Fratim of the leg Congarance More
12. BIRTHPLACE (city or town) alles anderia pa	Other Contributory Causes of Importance: Actual accident 1 Nordonless 27th 1936
(Stata or country)	Place of accident: Lakoma Park, O.C.
13. NAME From . Turson	Review & Herald Building of comp fraction
14, BIRTHPLACE (city or town) Va. (State or country)	Name of operation/ Oate of /
	What test confirmed diagnosis? Symplometer. Was there an autopsy? Me
15. MAIDEN NAME 6 tta 11. Poly -	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcida, or homicide? Accessives. Oate of injury Mov. 37, 1934. Where did injury occur? Jakoma Conk. D.C.
Mr. M. C.	(Specify city or town, county and State)
17. INFORMANT AND LINE (Address) A los Can Aria	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	An industry: Review at Herold Buildings
Place/ Wetandriaka 1/30,030	Manner of Injury accepted only fell to grasnes valout 10 feets.
M. 8(2 h)	
19. UNDERTAKER A COMMENT OF COMME	24. Was disease or injury in any way related to occupation of deceased?
41-122 21 - 18 0	If so, specify (Signed) Off arrives
20. FILED 1/07 27, 19 3 6 . 70 . 0 . 10 9/12.	(Address) & believe Danilarin + Tho
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Johnson Park

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5 1999	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		130	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

A. te

sta UP	1. PLACE OF DEATH	
of CC CC	County MONTGOMERY	Registration Dist. No. 223
shor of O	Village or City TAKONA PARK	No. 102 Sheriogal Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
INS ent	Length of residence in city or town where death occurredyrsmos	
Every MANS Ement	2. FULL NAME HULDA Willewing behi	MANN
rysic state	(a) Residence: No. 102 Sheriory Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
P.F. act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. LY.	3. SEX 4. COLOR OR RACE FEMA/E 4. COLOR OR RACE OR DIVORCED (write the word) U100WED, U100WED	21. DATE OF DEATH November 27, 193 (Month) (Day) (Year)
EXACTI EXACTI classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FOWARD WELL MANN 6. DATE OF BIRTH (month, dey, and year)	HEREBY CERTIFY. Thet attended deceased from Mougast 15, 1936 to November 27, 1936. Ilast saw here alive on Mougaster 26, 1936 death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated above, at 10:05A.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
his be be of	8. Trede, profession, or particular	Hyputersiae Heart disesse Date of onest
should it may	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (yeers)	Nyputinien
THE PER LE	this occupation (month and//-/0-36 spant in this occupation	
NFADING plied. AG rms, so tha instructions	12. BIRTHPLACE (city or town) POSEN, GRAMANY (State or country)	Other Contributory Causes of importance:
NF.	13. NAME RISKEY	Sacratic Supplies
I'H U ly sul lain t See	14. BIRTHPLACE (city or town) POSPN, U-RMANY (Stete or country)	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy? Res
WI eful in p	15. MAIDEN NAME MARTHA WINNER	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ALY, Workery ATH in properties of the contraction o	15. MAIDEN NAME MARTHA WINNER 16. BIRTHPLACE (city or town) POSEN, CERMANY (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Id black DE	17. INFORMANT / R Herbert W. Lehry ANN (Address) 102 Sheripan Ave.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E E is	18. BURIAL, CREMATION, OR REMOVAL Place Wash. Date //- 27, 19 36	Manner of Injury
matior CAUS TION	19. UNDERTAKER Durally Haulun (Address) Ly 1 1 1 1 1.	24. Was disease or injury in any way related to occupation of deceased? 40
7	20. FILED KNOW 28, 1936 J. E. Dudley &	(Signed) frame L Kirlandigh D. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 193!	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

NFADING INK-THIS IS A PERMANENT REC

FOR BINDING

RGIN RESERVED

Exact statement of OCCUPA.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAIN

V. S. No. 1 8 AGE should be

. Every item of infor-

1. PLACE OF DEATH	(773)
County Monly owing	Registration Dist. No. 214
Village or City Burns Mills	NoSt.,Ward
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elward & Matthews	If U. S. Veteran, specify WAR
	St., Ward.
(a) Residence: No. / Lunck Mulla, Mal	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21 193 36
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Ella matthews	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 26-1878	Hast saw h. A California 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 - 9 - P. m.
1 day,hrs	
9 Trade profession or particular	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0 0 1/ 1/21-2
P- 1	Gulmanans/ Vemasslad
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) Lunder grown	
(State or country)	
13. NAME Westley Mathews	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Gauada	What test confirmed diagnosis?
15. MAIDEN NAME Charlette C Howell	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Washington	Accident, suicide, or homicide? The suicide Date of Injury 11-21-, 19-26
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Jy Mallhows	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Burnet Mills, ma	B 00-0-7/
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Julie Wallet
Placelleson General Dy Date 12-16 1926	Nature of Injury O Community in College to Many
19. UNDERTAKER Marine & Pumphring	24. Was disease or injury in any way related to occupation of deceased?
(Address) Roeswillet, md	If so, specify
20 FILED Sec. 16 1936 JE 10 April 9	(Signed) / - My fully M. D.
Registrar.	(Address) X galley Mile

If more blanks are nocided, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car Peritonitis	1 week ago	
Cerebral hemorrhage	July 5,1927		3 days ago	
FEB 9 193	1			
Other contributory causes of importance:	5.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Moulanney	Registration Dist. No. 2/3
Q MINT.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Queinda M (a) Residence: No. Moulivor - R 7 D Rock (Usual plade of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH To Sember 22, 193 (Month) (Day) (Year)
5). If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) Rec. 75-1849 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY That I attended decessed from 17, 1936, to 100. 22, 1936. Ilast saw h 12 alive on 122, 1926; death is said
8 Trade profession or particular	to have occurred on the date stated above, at 2.32.1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Pressure 2.20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Many Land	Other Contributory Causes of importance:
(State or country) 13. NAME owal wm, Maught 14. BIRTHPLACE (city or town) Maught (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFDRMANT Frank Maight - Broine (Address) R FAT Rocal Wells - Mad	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place To church unum Date Not 24, 1936 19. UNDERTAKER Am. Rentur Tumphury (Address)	Manner of Injury
20. FILED SI 24 , 1934 mg. W.J. Diael Registrar.	(Signed) Laterlley M. [(Address) Roseburlle 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(MP) 2 . /
County Majoritannery Co.	Registration Dist. No. 16
Village or City Cherry Charles Mrs. (If	No. 4 New Card St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Clara Hum	uphrey Mc Nally
(a) Residence: No. # 4 Residence (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Thember 12 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aufliam, Married	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Inly 28, 1884	1 last saw he alive on nearly 12, 1936; death is said
6. DATE OF BIRTH (month, day, and year) (frilly 78, 78 47) 7. AGE Years Month Deys If LESS than	to have occurred on the date stated above, at 5.000
52 3 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Hypertensin ?
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	Corney antony Disease
10. Date deceased lest worked at this occupation (month and 11-36 spent in this occupation	
12. BIRTHPLACE (city or town) Acres 4 (State or country)	Other Cuntributery Causes of importance:
	Deute Left Ventrierlan 11/12/3
13. NAME / Mcnown 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Charied Experience there an autopsy?
15. MAIDEN NAME Jathenine Humphrey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sukuofun (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Golest H Mc Mally (Address) # 4 Mc Mally	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL D. C. Date/1/14 1996	Manner of Injury
19. UNDERTAKER James J. Chipan Joseph (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11-12- 1936 Phornas K. Comed	(Signed) Michael M. M. M. M. M. D. (Address) 5420 Como asa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIA	MI
WINDITION	DI AUE	LOW	LUKIHER	DIVIDIMENTO	DI	PHISICIA	LIN.

of Occupa-

1. PLACE OF DEATH			;
County Montgomens		Registration Dist. No. 3.1	6
Village or City Cherry UC	hase Ma	No. 10 4 W. Anomoffe St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occur			
2. FULL NAME Virginia 7	end m	Therson	
(a) Residence: No. 104-W Z	homapple	St., Ward.	10.
PERSONAL AND STATISTICAL F		If nonresident give city or town and	1 State
	LE MARRIED, WIDOWED,	21. DATE OF DEATH	
Finale White &	VORCED (write the word)	Mov- 2 (Month) (Day)	., 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	gle	May 29 1935, to Nov. 2	/
6: DATE OF BIRTH (month, dey, end yeer)	1923	I last sow her elive on Nov 1 2 , 1936	; deeth is seid
7. AGE Years Months D	lays If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, et 12:30 fm.	
13 8	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MID SAW MILL, BANK, etc 10. Date decessed last worked et	ent	Eyhourteou	
10. Date decessed last worked et this occupation (month end year)	I. Total time (yeers) spent in this occupation	,	
ONCALIA	+	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town)	DC.	Aslegand Rareona	1.70
1 1	01	right Lebella with melastants	
E CONTRACTOR OF THE PROPERTY O	nerson	to lungs	
14. BIRTHPLACE (city or town)		Name of operation	La.
01 - 100 - 400	211016	What test confirmed diagnosis? Wes there en	
15. MAIDEN NAMELLETHA Pearl	Walker	23. If death wes due to externel causes (VIOL ENCE) fill In also the followin	g:
	***************************************	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	0	Where did Injury occur? (Specify city or town, county and Sta	(10)
17. INFORMANT land C. Marie (Address) 104 W. Thomas	herson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	
Placedar Ttell Dale	or. 4 ,1936	Nature of Injury	
19. UNDERTAKER The S. H. Iden	es an	24. Was disease or injury in any many related to occupation of deceased?	no
20. FILED. 11=3, 19.36. I house	as Comaci Registrer.	(Signed) Afterview (Address) 135 Sugar H	
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting . S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

and the state of t	Example I	-	Example II	tt
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 3 1936 . \	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	6116	July 5,1927	Peritonitis	3 days ago
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(75)
County Mouleousery	Registration Dist. No. 218
Village or City Germantour and.	No. Outlaids St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Garland M. Nices	corruerit U. S. Veteran, specify WAR
(a) Residence: No Xerunautour FNA (a. (Usual place of abode)	utside) Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Occurbes 17 , 193 6 (Month) (Oay) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Lefacea Strode Necessary	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Och. 18, 1894	I last saw h alive on 19 ; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z. 00 A.m.
72 3-0 1 day,hrs	war as follows:
8 Trade profession or particular	Were as ronows. Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acuti Cardiac dilabortion 11-17-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occuration (month and	
year)	Other Contributory Causes of importance :
12. BIRTHPLACE (city or town) (harlestown)	
(State or country) West Virginia	- acute alcoholique 11-14-
13. NAME Carrier & Parelyamen	
14. BIRTHPLACE (city or town) effection Ca U !	Name of operation Nous Date of
(State of country)	What test confirmed diagnosis? & faccuselless. Was there an autopsy? Lo
15. MAIDEN NAME Walinda Ott	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Walled Ott	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT MAS Jailand M. Millerarne (Address) & D. Semantary ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATHON OF REMOVAL R	Manner of injury
Place Oate 1936	Neture of Injury
19. UNDERTAKER O S. Doele (Address)	24. Was disease or injury in any wey related to occupation of deceased? The
20. FILED Mon 17, 19.36 alreida & Gooks	(Signed) M. O. (Address) Harkerakura D. M. d.
ACKINIAI.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 5 103	July 5, 1927	Peritonitis	3 days ago	
	BI PEATLY.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE PLAI

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93,0
County Montg Co	Registration Dist. No. 218
Village or City Gaithersburg R F D	NDSt.,Ward
0	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Mary Allen Peddicord	N. D.
(a) Residence: No. Gaithersburg Md (Usual place of abode)	R Ist., D 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
I male White OR DIVORCED (write the word)	11 20 ,19336
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Peddicord	22. HEREBY CERTIFY, That I ettended deceased from
THORROW I TOURS OF C	Nov. 17 ,1936, to Mov. 17, 19 36.
6. DATE OF BIRTH (month, day, end yeer) Sept. 3rd 1865	I last saw h Lo elive on Mrt. 15m, 19.36; deeth Is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at
I865 71 2 17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular House Jork SAWYER, BOOKKEEPER, etc.	
	Senil arlerescheron 1925.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	T myorardetes
10. Dete deceased lest worked at 11. Total time (years)	
O this occupation (month and year) spant in this occupation occupation	
12 DIPTUDI ACE (situ or town)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	none
ш 13. NAME Samucl T ri	
13. NAME Samuel T Prigs 14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	What test confirmed diagnosis? They examines there an au'opsy the
15. MAIDEN NAME Sarah & Clasett	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Clagett 16. BIRTHPLACE (city or town) Md	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17 INFORMANT Samuel H Peddicord	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Gaithersburg Ad	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gaithersours Date Nov 23 , 19 3	Nature of injury
19. UNDERTAKER Lrnest C Gartner	24. Was disease or injury In any way related to occupation of deceased 200
(Address) Gaithersburg 3d	If so, specify
20. FILED Nov. 21, 1936 Chula & Backe	(Signed)
Registrar.	(Address) Rackvelly Mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1900	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------------	-----	---------	------------	---------------	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11589
1. PLACE OF DEATH	(93-6)
county Montgomercy	Registration Dist. No. 2/3
Village or City Kockerella	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ROBERT B. Potex	
. 0 0	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I ettended deceased from
HUSBAND OF Thelan G. Patore	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) \$\frac{1}{2} \alpha 0\tau \alpha	last saw h alive on Hove 1936; death is said
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 30 7m.
68 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade nuffeesion or perticular	were es follows:
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	acute colorary occlusing Hos.1,
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month end spent in this securation (month end spent in this securation).	1736.
10. Date deceesed last worked at this occupation (month end year) 10. 11. Total time (yeers) spent in this occupation 10. 11. Total time (yeers)	
12. BIRTHPLACE (city or town) Rock sice Oo	Other Contributory Causes of importance:
(State or country)	(mosel mysteralles)
13. NAME Horas Poter	
13. NAME Horae Poter 14. BIRTHPLACE (city or town). Pormos to use (Stete or country)	Name of operation Dete of What test confirmed diegnosis? Play Land Was there an autopsy?
# 15. MAIDEN NAME Lavinia & Thesaway	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lavinia & threatury 16. BIRTHPLACE (city or town) Davne otown (Stete or country)	Accident, suicide, or homicide?, 19, Where did injury occur?
17. INFORMANT Robert Patax Se.	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rockers Oo That, 18, BURIAL, CREMATION, OR REMOVAL 18	Manner of injury
Place Union Cometexypate Nov. 4-, 1930	
19. UNDERTAKER WALMOR & Pumphray	24. Was disease or injury in any way related to occupation of deceased?
(Address) Rockers Oo, and O	If so, specify
20. FILED 10-3-, 1936 ma. W. J. Pract Registrar.	(Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

related causes	Date of onset
- Carrier	1 week ago
	1 week ago
	3 days ago
rtance:	
, ==-==	1 year
rtai	nce:

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	\mathbf{BY}	PHYSICIAN
---------------------------------	------------	---------------	-----------

	or.	ate	A-	
×	inf	St	UP	
ИЭ	Jo	ıld	00	
7	ma	hou	0	IN
	ite	20	of	1
	ery	Z	ent	1
1	Ev	CI	tem	
X	9	KSI	stat	
1	3	H	ct	
	REC		TXa	
	L	×,	-	
Ç	EN	LI	ied.	
	AN	C	ssif	
Z	RM	X	clas	
B	PE	团	ly	ate.
K	A	ted	per	ifica
FC	SI	sta	pro	ert
RGIN RESERVED FOR BINDING	SI	pe	pe	of c
X	TH	P	Ly I	ck
J.K.	M	nou	m	ba
SE	Z	S	t it	on
RE	5	1GI	tha	Suc
Z	DIN	-4	So	ctic
GI	FA	ied.	ns,	stru
3	Z	ppl	err	ins
4	H	Su	in	See
		ıllı	pla	
	1	refu	in	ani
	ď	ca	TH	por
	Z	be	EA	im
	LA	plu	D	ry
	E-1	sho	OF	3 Ve
	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO.D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	WR	ati	AU	101
V. S. No. 1	1	H	P	H
vi	m m			
>	Z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11590
1. PLACE OF DEATH County Montgomera	Registration Dist, No.
Village or City Johns Tark, Maryland	No. Washington Saw & Hopp Ward death occurred in a hospital or pistitution, give its NAME instead of street and number)
Length of residanca in city or town whara daath occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mrs. anita Thillips	If U. S. Veteran, specify WAR
(a) Residence: No. 1446 Springs Lond (Ujual place of abode)	St., Ward. Washington D V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. WIDOWED, OR DIVORCED (write tha word) Temale White Married	21. DATE OF DEATH November IS , 193 6 (Month) (Oay) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mr. Samuel Phillips	22. I HEREBY CERTIFY. That I attended deceased from Movember 1, 1936, to Movember 15, 1936
6. DATE OF BIRTH (month, day, and year) Cung. 26 1884	I last saw h_SYaliva on
7. AGE Years Months U Days If LESS than 1 day,hrs. Ofmin.	to have occurred on the data steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata dacaasad last worked at this occupation (month and ya ar) 11. Total time (years) spent in this occupation occupation	Carcinoma of Cervis y Varia 1932
12. BIRTHPLACE (city or town) Washington 20 (State or country)	Other Contributory Causes of Importance:
5 13. NAME Mr. Sevis Behrens	<u> </u>
13. NAME Mr. Series 13 chrens 14. BIRTHPLACE (city or town) Washington, D. (Stata or country)	Name of operation Colostony Data of 1933. What test confirmed diagnosis? Sy mython Was there are autopsy? He
15. MAIDEN NAME mary teese	23. If death was due to external causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME mary teese 16. BIRTHPLACE (city or town) Washington & C (State or country)	Accident, suicide, or homicide?
17. INFORMANT le ashington San & Hospital	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Rock Geek, Gent. Data You 17, 1936	Menner of injury
19. UNDERTAKER The State of Address 290/14 States	24. Was disaasa or injury in any way related to occupation of dacaasad? No If so, spacify N.D.
20. FILED Nov 15, 1936. 36. 6. Rogers. Registrar.	(Signed) Wishington Sambaren of M. B (Address) assura parls had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritispec	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1930	July 5, 1927	Peritonitis	3 days ago	
MURRAU V. S.				
Other contributory causes of importances		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of goccupa-

item of infor

(a) Residence: No. 35 Heckey Green St., Ward. (b) St., Ward. (c) St., Ward. (d) Residence: No. 35 Heckey Green St., Ward. (d) Residence: No. 35 Heckey Green St., Ward. (d) Residence: No. 35 Heckey Green St., Ward. (d) If nonresident give cit personal And STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (d) Residence: No. 35 Heckey Green St., Ward. MEDICAL CERTIFICATE OF DEATH (Month) (t) 1. DATE OF DEATH (Month) (t	5	STATE O	F MARYLAND-	CERTIFICATE OF DEATH
COMPANIAGE OF CRITY TO JA Berna Park Months tendent of the state of th	_	/		93-0
Length of residence in city or them where death occurred	County 35	Hicko	ry Ave. n	Unitgmen Go Registration Dist. N
Langth of residence in city or them where death occurred	CORVINAGE OF CITY TS	Takoma	Part Ma	66.
2. FULL NAME Many College Piece (a) Residence: No. 35 Hickory Cur. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED Corpe the word) Whate 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Corpe the word) Whate 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1f LESS than 1 day. 1 day. 1 her REBY RERTH BY. To The PRINCIPL CAUSE OF DEATH and related causes of Im were as follows: 8. Trede, profession, or particular kind of work done, as SPINKER, Advance of the word of the word of the were as follows: 8. Trede, profession, or particular kind of work done, as SPINKER, A commin. 10. BIRTHPLACE (city or town) (State or country) Whate of the word of the wo		.1. 15. 7.	(If	
(a) Residence: No. SS (Hukkry (Usal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Funcle Whate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Corpor the word) Whate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Corpor the word) Whate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Corpor the word) Whate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Corpor the word Williams (Month) (Corp. WIFE of Charles Edgas Please 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or. min. 8. Trade, profession, or particular kind of work done, as SPINNER, Mornale Control of the date state-belowed, at J. A		city or town where d	leath occurred/mos	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRID, WIDOWED, OR DIVORCED Curric the word) Whate Whate Sa. If married, widowed, or divorced (Month) (Ither are a colleged and a silve on a colleged and a colleged and a colleged and a silve on a colleged and a coll		Mary Co	effen Pierce	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wige the word) Fundle White Sa. If merried, widowed, or divorced with the control of Or) wife of Or)	(a) Residence: No.	35 Hie	long the.	
3. SEX 4. COLOR OR RACE OR DIVORCED (empt: the word) Funch White 5. If meried, widowed, or divorced HUSARDO of (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey, hrs. or, min. 8. Trede, profession, or particular kind of work done as SPINNER. SAWYER, BOOKEEPER et e. 9. Industry or business in which Say Mill, BANK, etc. 10. Date Geezaed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Funch 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMITION, OR REMOVAL. Place Wash 19. UNDERTAKER 19. USARCH 19. SIRTHPLACE (Signed) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. USARCH 19. UNDERTAKER 19. USARCH 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. USARCH 19. UNDERTAKER 19. UNDERTAKER 19. USARCH 19. UNDERTAKER 19. U	PERSONAL A	ND STATISTI		H.
Fundle Whate OR DIVORCED (wijer the word) 7. AGE Wears Months Days If LESS than I dey. hrs. of have occurred on the date states bove, at \$1.0 have occurred on the date states bove, at \$2.0 hrs. of his profession, or particular were as follows: 8. Irride, profession, or particular SAWYER, BODKKEEPER, etc. Normania. 8. Irride, profession, or particular were as SPINNER. SAWYER, BODKKEEPER, etc. Normania. 8. Irride, profession, or particular were as follows: 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Gistate or country) 13. NAME Freight (Sitate or country) 14. ABIRTHPLACE (city or town). Gistate or country) 15. MAIDEN NAME Serval. 16. BIRTHPLACE (city or town). Gistate or country) 17. INFORMANT MAS M. G. New York (Address) S. A. A. M. A. A. A. M. G. New York (Address) S. S. A. A. M. A. A. A. M. G. New York (Address) S. S. A. A. M. A. A. M. G. New York (Address) S. S. A. A. M. A. A. M. G. New York (Address) S. S. A. A. M. A. A. M. G. New York (Address) S. S. A. A. M. A. A. M. G. New York (Address) S. S. A. A. M. A. A. M. G. New York (Address) S. S. A. A. M. A. A. M. G. New York (Address) S. S. A. A. M. A. A. M. G. New York (Address) S. S. A. A. M. A. M. G. New York (Address) S. S. A. A. M. A. M. G. New York (Address) S. S. A. A. M. A. M. G. New York (Address) S. S. A. A. M. A. M. G. New York (Address) S. S. A. A. M. A. M. G. New York (Address) S. S. A. A. M. A. M. G. New York (Address) S. S. A. A. M. A. M. G. New York (Address) S. S. A. A. M. M. A. M. G. New York (Address) S. A. A. M. M. A. M. G. New York (Address) S. A. A. M. M. A. M. G. New York (Address) S. A. M. M. M.			1	
Sa. If merried, widowed, or divorced HUSBAND of (or) WIFE of Charles Saar Pierre (or) Wife of Charl		A CR KACE	OR DIVORCED (write the word)	nw. 2
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Substantial S	o much 100	torced	Widnes	(Month) (D
6. DATE OF BIRTH (month, day, and year) Self 25, 1847 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPIRNER. Normaling from the profession of particular kind of work done, as SPIRNER. Normaling from the profession of particular kind of work done, as SPIRNER. Normaling from the profession of particular kind of work done, as SPIRNER. Normaling from the profession of particular were as follows: 8. Trede, profession, or particular land related causes of Immerity from the profession of particular land related causes of Immerity were as follows: 8. Trede, profession, or particular land related causes of Immerity from the profession of the professio	HUSBAND of	-00	1-CI 0.	22. I HEREBANGERTIAN, The
T. AGE Years Months 9 1	(1)	har	les Edgar Pierce	occasimally 10/1/1
The PRINCIPAL CAUSE OF DEATH and related causes of Imwere as follows: 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER. SAWYER, BOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME Free Last A Jeveth 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME Sevenh Ward 16. BIRTHPLACE (city or town). (State or country) 16. SIRTHPLACE (city or town). (State or country) 17. INFORMANT MAS A. C. Sevenh Ward 18. BURIAL, CREMATION, OR REMDVAL. Place Wash. Place Wash. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Sepecify whether injury occurred in INDUSTRY, in HOME, or (Address)) 15. Specify whether injury occurred in INDUSTRY, in HOME, or (Address)) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Specify was disease or injury In any way related to occupation of If so, specify (Signed). 18. Signed)	6. DATE OF BIRTH (month, d	ay, and year)	St 25. 1847	I last saw h LL alive on A 16
8. Trede, profession, or particular kind of work done, as SPINNER. Housework was done, as SPINNER. Housework was done, as SPINNER. Housework was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year). 12. BIRTHPLACE (city or town). (State or country) 13. NAME Freduck A Javeth 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME Serval. Ward 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Mas. & Kerry Canada of importance: Whet test confirmed diagnosis? 18. BURIAL, CREMATION, OR REMDVAL. Date. Det. 19. UNDERTAKER (Address) 7 19.36 19. UNDERTAKER (Signed). The many related to occupation of If so, specify (Signed). The many related causes of immers as follows: 19. UNDERTAKER (Address) 7 19.36 19. UNDERTAKER (Signed). The many related to occupation of If so, specify (Signed). The many related causes of immers as follows: 19. UNDERTAKER (Signed). The many related to occupation of If so, specify (Signed). The many related causes of immers as follows: 19. UNDERTAKER (Signed). The many related to occupation of If so, specify (Signed). The many related causes of immers as follows: 19. UNDERTAKER (Signed). The many related to occupation of If so, specify (Signed). The many related causes of immers as follows: 19. UNDERTAKER (Signed). The many related to occupation of If so, specify (Signed). The many related causes of immers as follows: 19. UNDERTAKER (Signed). The many related to occupation of If so, specify (Signed). The many related to occupation of If so, specify (Signed). The many related to occupation of If so, specify	7. AGE Years	Months		to have occurred on the date stated epoye, at 5. A
8. Trede, profession, or particular kind of work done as SPINNER, SAWYER, BODKEEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMDYAL Place Wash (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. 19. 36 11. Total time (yeers) spent in this occupation 11. Total time (yeers) spent in this occupation Dether Carribation? Causes of importance: 11. Total time (yeers) spent in this occupation Name of operation. Name of operation. Name of operation. Whet test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also decident, suicide, or homicide? Dete of Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or (Socify city or town, one injury) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of it so, specify (Signed)	89	2		The PRINCIPAL CAUSE OF DEATH and related causes of Im
Description Name of operation. Name of operation. What test confirmed diagnosis? Description Where did injury occurred in INDUSTRY, In HOME, or (Address) Specify whether injury occurred in INDUSTRY, In HOME, or (Address) Description Name of operation. When test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also Accident, suicide, or homicide? Description Description Description Description Description Description Name of operation. Where did injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Nature of injury Nature of injury 19. UNDERTAKER Description 24. Was disease or Injury In any way related to occupation of If so, specify (Signed). Description Comparison Occupation Description Description Description Description Occupation Description Des	8. Trede, profession, or	particular 1	11 . 1	A) 4 Oa
Description Name of operation. Name of operation. What test confirmed diagnosis? Description Where did injury occurred in INDUSTRY, In HOME, or (Address) Specify whether injury occurred in INDUSTRY, In HOME, or (Address) Description Name of operation. When test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also Accident, suicide, or homicide? Description Description Description Description Description Description Name of operation. Where did injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Nature of injury Nature of injury 19. UNDERTAKER Description 24. Was disease or Injury In any way related to occupation of If so, specify (Signed). Description Comparison Occupation Description Description Description Description Occupation Description Des	SAWYER, BODKKI	EPER, etc	Homewfe	Ayferlenoyu Myrras
Description Name of operation. Name of operation. What test confirmed diagnosis? Description Where did injury occurred in INDUSTRY, In HOME, or (Address) Specify whether injury occurred in INDUSTRY, In HOME, or (Address) Description Name of operation. When test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also Accident, suicide, or homicide? Description Description Description Description Description Description Name of operation. Where did injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Nature of injury Nature of injury 19. UNDERTAKER Description 24. Was disease or Injury In any way related to occupation of If so, specify (Signed). Description Comparison Occupation Description Description Description Description Occupation Description Des	9. Industry or business work was done, as	SILK MILL,		degeneration ()
Description Name of operation. Name of operation. What test confirmed diagnosis? Description Where did injury occurred in INDUSTRY, In HOME, or (Address) Specify whether injury occurred in INDUSTRY, In HOME, or (Address) Description Name of operation. When test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also Accident, suicide, or homicide? Description Description Description Description Description Description Name of operation. Where did injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Nature of injury Nature of injury 19. UNDERTAKER Description 24. Was disease or Injury In any way related to occupation of If so, specify (Signed). Description Comparison Occupation Description Description Description Description Occupation Description Des	O ID. Date deceased last w	orked at	11. Total time (veers)	
Deter Contributor (Cause of importance: 12. BIRTHPLACE (city or town)		onth and	spent in this	
(State or country) 13. NAME Frederick A Jewell 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BURIAL, CREMATION, OR REMOVAL, Place Wash 18. Date 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Several Se		Bus	dala	
Whet test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BURIAL, CREMATION, OR REMOVAL Place Wash 19. UNDERTAKER 19. UNDERTAKER 23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Where did injury occur? (Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or (Address) Menner of injury Nature of injury 24. Was disease or Injury In any way related to occupation of (Address) (Address) 25. FILED Nurs 26. Security (Signed) Whet test confirmed diagnosis? Whet test confirmed diagnosis? (Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or (Specify whether injury occurred in INDUSTRY, in HOME, or (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wash (Address)		W/sac	Aruthan .	the the think
Whet test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BURIAL, CREMATION, OR REMOVAL Place Wash 19. UNDERTAKER 19. UNDERTAKER 23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Where did injury occur? (Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or (Address) Menner of injury Nature of injury 24. Was disease or Injury In any way related to occupation of (Address) (Address) 25. FILED Nurs 26. Security (Signed) Whet test confirmed diagnosis? Whet test confirmed diagnosis? (Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or (Specify whether injury occurred in INDUSTRY, in HOME, or (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wash (Address)	13 NAME FALLE	uch A	Que 17	Since
Whet test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BURIAL, CREMATION, OR REMOVAL Place Wash 19. UNDERTAKER 19. UNDERTAKER 23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Where did injury occur? (Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or (Address) Menner of injury Nature of injury 24. Was disease or Injury In any way related to occupation of (Address) (Address) 25. FILED Nurs 26. Security (Signed) Whet test confirmed diagnosis? Whet test confirmed diagnosis? (Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or (Specify whether injury occurred in INDUSTRY, in HOME, or (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wash (Address)	H DIPYIDIAGE (3)		·	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mas Mark Conditions of the condition of the conditions of the condition of the conditions of	(State or country)			λ
Where did injury occur? (Specify city or town, control of injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify occurred in INDUSTRY, In HOME, or Speci	15. MAIDEN NAME	2	Ward	
Where did injury occur? (Specify city or town, control of injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify occurred in INDUSTRY, In HOME, or Speci		wan	wave	12
(Specify city or town, control of the specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify whether injury occurred in INDUSTRY, In HOME, or Specify occurred in Industry, Industry, Industry, Industry, Industry, Industry, Industry, Industry, Industry,	(State or country)	nwo.		
(Address) 35 A interry Com. 18. BURIAL, CREMATION, OR REMOVAL. Place Wash. Incurrent Page 1, 1936 19. UNDERTAKER Page 1, 1936 (Address) 2, 1936 (Cold Con Cold Cold Cold Cold Cold Cold Cold Cold	70	20 E 1/2		(Specify city or town, c
18. BURIAL, CREMATION, OR REMOVAL. Place Wash. Premoval PR Date Dec 1 , 19.36 19. UNDERTAKER PROGRESS 24. Was disease or Injury In any way related to occupation of (Address) 2 4. Was disease or Injury In any way related to occupation of If so, specify (Signed). 20. FILED New 29, 1936 Stockers, (Signed).		25 10 600	u Gre.	Specify whether injury occurred in INDUSTRY, in HOME, or
Place Wash. Therefore IR. Date Dec 1, 1936 Nature of injury 19. UNDERTAKER 24. Was disease or Injury In any way related to occupation of (Address) Property If so, specify 20. FILED New 207, 1936 The Property (Signed) (Signed)		REMDVAL,		Menner of injury
19. UNDERTAKER 2 24. Was disease or Injury In any way related to occupation of (Address) 8 2 4 21 22 (100) (100) (11 so, specify (Signed) (Signed)	Place Wash.	emores (4	P Date Dec 1 , 1936	
20. FILED New 29, 1936 St. St. Board, (Signed)	10 HADEDTANES SA	13 110	vus	
20. FILED Nor 219, 1936 Sta Board (Signed)		21.600 [1	cap line	20 11/
20. FILED 100 - 1, 1930 -	m suco 2 2 9	1036	sis yout Al	The lat VIII
	ZU. FILED TOWN	1929	Registrar.	

	(93-E)
ckary Ave. n	coulgnuey Go Registration Dist. No. 223
ma Park Ma	No. 1
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
where death occurred/mos.	ds. How long in U.S. if of foreign birth?yrsds.
y coffee frence	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word) Walnut	Mw. 29 1936 (Month) (Day) (Year)
4.	
harles Edgar Pierce	22. I HEREBY CERTIFO, That I attended deceased from
Sept 25 1847	I last saw h la live on A last said
onths Days If LESS than	to have occurred on the date stated above, at 3. Am.
2 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
0/ 10	Date of one et
NER. Homewfe	Austerlenson Misoraldial
١.,	Decement 1
11 Total time (veers)	00/)
11. Total time (yeers) spent in this occupetion	
vendale	Dther Contributory Cause of importance:
/salomen.	feart failure
A la cont	anua
N. fuel	// 0
164	Name of operation Date of
1 Marie	Whet test confirmed diagnosis? Was there an eutopsy?
a ward	23. If death was due to external causes (VIOLENCE) fill in also the following:
7.	Accident, suicide, or homicide?, 19, 19
Mane	Where did injury occur? (Specify city or town, county and State)
. Kern	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
ekary loe.	
ed PA Date Dec 1 1936	Menner of injury
Date, 1950	Nature of injury
Levus	24. Was disease or Injury In any way related to occupation of deceased?
is york and	If so, specify
Hto Rogers	(Signed) M.D.
Registrar.	(Address) Algasphingtony Maria
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No, 1

V. S. No. 1

B

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of one of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		11 DEC 2 Tabe	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA-

of

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	5	IJ	2	

1. PLACE OF DEATH		92-0
County Montgomers		Registration Dist. No. 2/6
Village or City hear Cabin	11	No. 50/6 Saratoga ave St, Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	yrsmos	ds. How long in U.S. If of foreign birth?
2. FULL NAME Mary how	ise Ty	les.
(a) Residence: No. 50/60 Sarato	ge ave	St., — Ward.
PERSONAL AND STATISTICAL PART		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RRIED, WIDOWED,	21. DATE OF DEATH
Temple White wido	D (write the word)	hovember 14 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WM H Pyles		22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel-11, 18	59	I last saw h 2 2 alive on 12 19 , 19 36; death is se
7. AGE Years Months Deys	If LESS than	to have occurred on the date stated above, et 12 Marin,
77 9 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	wife	Chronic Endorastidio. Date otono
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date decessed last worked et this occupation (month and spe	time (years) ent in this upation	
12. BIRTHPLACE (city or town) Washington (State or country)	70	Other Contributory Causes of importance:
II 13. NAME Joseph Paxeto	7	
14. BIRTHPLACE (city or town) Asking (State or country)	glon	Name of operation Date of What test confirmed diegnosis? Use Was there en autopsyl
15. MAIDEN NAME Lavinia	ing	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MILLS C. Pyles:	1	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sethesta Md.	,	
18. BURIAL, CREMATION, OR REMOVAL Place M Jion Church Cesspore Nov	r.17 ,1936	Manner of Injury
19. UNDERTAKER WM Reuben Pun (Address) Tethes das	Shrey	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 11-15, 1936 B. Cler	ry. M. Z. Registrar.	(Signed) (Signed) M. (Address) Schools of M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows; 3 1330	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	.1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

RGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
182			

LION

S. No.

OCC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NO SEAD			
Other contributory causes of importance:	2000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECO mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

RGIN RESERVED FOR BINDING

	STATE	OF	MARYLAND-CERTIFICATE	OF	DEAT
PLACE OF	DEATH		(94-0)		

1. PLACE OF DEATH		The state of the s
County Montgomery		Registration Dist. No. 214
Village or City Silver Spring	-41	NoSt.,Ward
7	()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurrad.	.Vyrsmos	ds. How long in U.S.If of foraign birth?yrsmos,ds
2. FULL NAME Withur J. Ken	vi	
(a) Residence: No. 711 The Tors. (Usual p	Elve lace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH
male white or DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Married Remoder. 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than to have occur		I last saw h_i_A alive onQ
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	dormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked at this occupation (month and		
11. To this occupation (month and year)	ital tima (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) West		Othor Contributory Causes of importence:
13. NAME Stars - B Resons		
13. NAME Store B Record 14. BIRTHPLACE (city or town) (Stete or country) 77		Name of operation Dete of Dete
		What test confirmed diegnosis? Was there an autopsy? Was there are autopsy?
15. MAIDEN NAME Many Stiles 16. BIRTHPLACE (city or town) (State or country) 77 7a.		23. If death wes dua to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT S JV Scrivmind (Addrass) 711 Hour Ton S	£	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Timenes Lug Date !!	- (3 ,1936	Mannar of injury
19. UNDERTAKER IT MANUEL E Pump (Addrass) Room victor	my mil	24. Was disaese or injury in any way ralated to occupation of dacaased?
20. FILED YNTV 11, 1936 9549	adlus Argistrar.	(Signad) M. Carrel At Johns Ch. DC

N. B.-WRITE PLAINLY, WITH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

OCCI

-WRITE

8

Registrar. If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis Peritonitis	3 days ago
	11=====================================	
	11 900,	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	and the second	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
)	Jo ma	plnou	200	1
	y ite	20	t of	1
1	Ever.	ICIAN	temen	
d	JACD.	IYS	sta	
	EC	PI	xact	
	TE	LY.	E	
ROIN RESERVED FOR BINDING	NEN	CTI	ified	
	MA	KA	lass	
21	PER	E	ly c	ate.
OF	Y	ated	oper	tific
4	SIS	st	pr	cer
1	HI	l be	pe .	10 x
K V	T-7	pluoi	may	TION is very important. See instructions on back of certificate.
1	Ż	E sh	it it	no
2	NG	AG.	tha	ions
NIX.	ADI	·pa	s, se	ruct
H	INF	pplie	erm	inst
	H	ns /	ain t	See
	WIT	fully	n pla	nt.
	,Y,	care	H	orta
	E	pe	EAT	imp
	PLA	pluo	F D	ery
	TE	ı sh	E O	is v
	VRI	ation	AUS	LON
V. D. 110. 1	1	H	C	F
2	1. B			
>	4			

STATE OF MARYLAND—CERTIFICATE OF	F DEATH
----------------------------------	---------

4	1	P.	y	F	0
1	İ	U	J	1	2

1. PLACE OF DEATH				
County Montg	licaten.		Registration Dist. No.	18
Village or City Cod			No. Methodis Home St.	
Village or City Gaithe			f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town v	here deeth occurred	yrs,mos	sds. How long in U.S. it ot toreign blrth?yrs	nosds.
2. FULL NAME Marth		nders	If U. S. Veteran, specify WAR	
(a) Residence: No. Gait	hersburg	Md (City) St., Ward.	
	(Usual place	of abode)	If nonresident give city or town an	d State
PERSONAL AND STAT	ISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. Color or RACE White		RIED, WIDOWED, D (zwrite the word)	21. DATE OF DEATH November 4 (Month) (Dey)	., 193 (Year)
5a. If merried, widowed, or divorced HUSBAND ot (or) WIFE ot			22. CI HEREBY CERTIFY, Thet I attended	
6. DATE OF BIRTH (month, day, end year)	June 8	th 1856		6: deeth Is said
7. AGE Years Mont	0 01110	If LESS then	to have occurred on the dete steted above, at 1.'20 A.m.	,
I856 80 4	26	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence	
8. Trade, profession, or perticuler	20	ormin.	were es tollows:	Date of onset
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc	R, Home 1	lonk	Chrowe neworands tos.	1931
9. Industry or business In which		Haraba Banana	- consoure muy canantes:	/-75/-
work wes done, es SILK MILL, SAW MILL, BANK, etc.	11 11			
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et this occupetion (month end yeer)	11. Totel t	ime (years) to ntin this upation		
17 9 30	e i si o		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) V. L.P. (State or country)	RTHTS1			
13. NAME Philin Sa	unders		Olironic suphrites:	
14. BIRTHPLACE (city or town)	V.\$1	·	Neme of operation Date of	
	Beals		What test confirmed diagnosis? Was there en	
15. MAIDEN NAME Amanda			23. If death wes due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Amanda 16. BIRTHPLACE (city or town) Va	•••••	~~~~~~	Accident, suicide, or homicide? Dete ot injury	, 19
(State of Country)	- 3 TT 25	**** 7	Where did injury occur?(Specify city or town, county and St	ate)
17. INFORMANT Home Of Ag (Address) Gai	ed, H M thersburg	Wilson,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place Hamilton V	2Date	77-th, 19-36	Neture of injury	
Ernest C	Gartner		24. Wes diseese or injury in eny way related to occupation of deceased?	
19. UNDERTAKER GAIT	hersburg	Md	It so, specity	
- Mas 5 311	26.1	40 - B	(Signed) & I- Kulim	
20. FILED 1102 . 5, 1936 C	ariaa o	Registrar.	(Address) Rockrelle, 7	Vol.
	-	************	the state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 5 1986	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	Tr- 1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

should state item of infor-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(23)
County Montgomary		Registration Dist. No. 214
Village or City 3 9 ver 3	pring Md	No. 713- Sliga Avenue st, Ward
Length of residence In city or town where dee	, U	death occurred in a hospital or elitation, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ann Ma	quira Schri	day If U. S. Veteran, specify WAR
(a) Residence: No. 713 - 51i	Quenua ?	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	or DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ben 1 4 min	F. Schrider	22. I HEREBY CERTIFY, That I attended deceesed from
0		
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months	Days 1 If LESS then	to heve occurred on the date steted above, et .7.15 A.m.
61 5	Z 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	ormin.	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ouse wife	Myreardly 1047/1931.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		J
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and	11. Total time (veers)	12 ronchopulumong beet, 1935
O this occupetion (month and year)	11. Total time (yeers) spent in this occupation	houresilved.
12. BIRTHPLACE (city or town) Wash	ington D.C.	Other Cantributory Causes of Importance:
(State or country)	9	ulmonary Inferculoses. 4/ 1935
# 13. NAME John Mag	uire	Hemolotosis hov 17/
13. NAME John Mag	uty Louth	Neme of operation
(State of country)	and -	What test confirmed diagnosis? Health D. M. B.C Wes there an aulopsy? MO.
15. MAIDEN NAME A M	e Quillen	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following: UCO
o 16. BIRTHPLACE (city or town)	sty Houth	Accident, suicide, or homicide?
(State of County)	land -	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT dames E. > (Address) #6-Girard S	t. N.E. Wosh D.C	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, OKEMATION, OR REMOVAL		Menner of Injury
Place Washington !	Date 190, 188, 1936	Neture of injury
19. UNDERTAKER Frank Gaia	r's Sons Co	24. Was disease or injury in any way related to occupation of deceased?
(Address) was	rington Dr.	If so, specify
20. FILED YLOV 27, 1936 J.	5 whenden &	(Signed) M. D. (Address) 1 Y Z Y - K AX 7000
	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Work,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 8 1037	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(5)	
BINDING	
7	
00	
50	
\equiv	
FOR	
H	
-Tal	
>	
民	
RESERVED	
2	
9	
فم	
7.	
-	
G	
RGIN	
die	
,	

1 DI 405 05 D		MARYL	AND—C	CERTIFICATE	OF DEATI	11598
1. PLACE OF D	Mant	38		95%		1 F
County	101119	mery.	11 30	1	Registration Dist.	No. 214
Village or City	Drine	erspel	le /1/0	No		St., Wa
Length of rasidence	In city or town where deat	h orestand		leath occurred in a hospital or insti		
	()//	7/1	4-10	/		
2. FULL NAME.	unce o	LING	ance	If U. S. Veterar	n, specify WAR	
(a) Residence: N	o. Speu	Custoff of ab	lle //	Ward.	If nonresident give	city or town and State
PERSONAL	AND STATISTIC			MEDICAL	CERTIFICATE OF	
1		SINGLE, MARRIED		21. DATE OF DEATH		
- Bula la	1.7.	OR DIVORCED (W	the word)			6 193 6
Sa. If married, widowed, or	divorced 1	July	_		(Month)	(Day) (Yeer)
HUSBAND of (or) WIFE of	divoled	. 0		22. I HEREB	Y CERTIFY,	That I attandad decaased fi
(1 - 5	Ho		, 19, to	, 19
. DATE OF BIRTH (month	n, day, and year)	7.24	18/8	7 last saw h alive on		; death is s
. AGE Years	Months	Days	If LESS than	to have occurred on the date sta	tad above, at 1:15 Q	-m.
60		/ //	day,hrs.	The PRINCIPAL CAUSE OF DE.	ATH end related causes of	
8. Trada, profassion,	or particular	1		The patie	ut w	Case Date of one
8. Trada, profassion, kind of work d SAWYER, BOO	one, as SPINNER, KKEEPER, e	rogerani	ruce	dould w	Rem I as	nued
kind of work d SAWYER, BOO 9. Industry or busine work was done SAW MILL, BA	ess in which			at the l	once.	The
work was done SAW MILL, BA		I as Tables		apparer	it can	ee O.
10. Date deceased las this occupation	(month and 42)	11. Total time (spent in occupado	this 2	death 1	was chi	one
yaar)	7	- I occupaçõe	- O your	Other Coatribatory Causes-of Im	portance;	_
12. BIRTHPLACE (city or 1	(nw)	/1	-	Cardiac	Alexee	ee .
(State or county)	1.170	Alan	Per	ruth 1	Occompe	usation
13. NAME 100	ver 11.	Ville	-ucc		•	
14. BIRTHPLACE (city		yl.	1	Name of operation		Date of
(Stata of Count	ry)	11	1	What test confirmed diagnosis?_		_ Was there an autopsy?
15. MAIDEN NAME	yaun as	W.D.	ayou	23. If death was due to external c	auses (VIOLENCE) fill in a	ilso the following:
16. BIRTHPLACE (gity	ortown)	/ 1	//	Accident, suicide, or homicide?	Dete	of injury
E (State or coun	set 1	14/1	1	Where did injury occur?		
17. INFORMANT	dia D.	Stable	ech.	Specify whether Injury occurred	(Specify city or town in INDUSTRY, In HOME,	or in PUBLIC PLACE.
(Address)	shew or	isvell	c//20	•		
18. BURIAL, CREMATION,	OP REMOVAL	0 9/	17th 21	Manner of Injury		
Landy Ly	young fitt	the f	1956	Neture of injury		
19. UNDERTAKE	Could Sol	Luson	10	24. Was disease or injury in any	way related to occupation	of deceased?
(Address)	Lai	rel	MX.	If so, specify	2.1	
20. FILED LACT	1/3/1 7	515 00	100	(Signed)	alane	_ N
OD THEN						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Christian	Scenice	below .	

ARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

1. PLACE OF DEATH		(A)-10		00
County Montgome	ry ,	(100 C	Registration Dist. No. 223	
Length of residence in city or town where de	ark Mary land occurred yrs mos		St., St., on, give its NAME instead of street and number, foreign birth? yrs. mos.	
2. FULL NAME Hannah (a) Residence: No. 6 17 asy	(11 11 (11)	If U.S. Yateran specify St., Ward.	4/-	V
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH	
7. W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH	(Month) (Day) (Y	ear)
5a. If married, widowed or divorcad HUSBAND of (or) WIFE of Tenroea	Jalley	22. I HEREBY	CERTIFY, Thet I attended decease	
6. DATE OF BIRTH (month, day, and year) Och. 7. AGE Years Months	21 1865 Days If LESS than	I lest sew h alive on to have occurred on the data statad	11 - 16 , 1936; death	h is sei
8. Trade, profession, or particular	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH ware as follows:		of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	userife	Jallson	a aperation	25.3
10. Date deceesed last worked at this occupation (month and)	11. Total time (years) spant in this occupation / 0 year	DA C 23		
12. BIRTHPLACE (city or town) - W Assau (Stata or country)	ngton Del	Dther Contributory Causes of Import	ma I Stonech	
13. NAME Lewis Faus 14. BIRTHPLACE (city or town) Wilm	ek.	Nama of operations	trestony)	2-2
(Stata or country)		Whet test confirmed diagnosis?	Reset . Kan Wes there an au'opsy?	2.2
	Valton ungton Del		es (VIOLENCE) fill in also the following:	9
17. INFORMANT Land Record (Address)	le	Where did Injury occur? Specify whether injury occurred in I	(Specify city or town, county and State) NDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMDVAL	el. Date Nov 27, 1936	Manner of injury		
19. UNDERTAKER The S. L. H. (Addiass) Jack, B	igs do	24. Was disaase or infury in any way	related to occupation of decodsed	m
20. FILED 10526 , 1936 JA &	Registrar.	(Signed) The S.	A. Stines Co-	_M. D

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	in central	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The state of

should

PHYSICIANS

ACTL

田

stated

AGE should may

supplied. plain terms,

carefully

should be

that

statement

Exact

assified.

certificate properly

no

instructions

See

important.

very

DEATH

OF

CAUSE mation LION

BINDING	A PERMANENT
K	4
F10	SI
ARGIN RESERVED FOR BINDING	INK-THIS IS
ARGIN RI	ITH UNFADING
	TH

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______ yrs. _____mos. Length of residence in city or town where death occurred If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 111 (Month) (Yaar) 5a. If married, widowed, or divorced HUSBAND of ERTIFY That I attended decassad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years II LESS than Months Davs to have occurred on the data stated above, at _/_ I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Data of onset 8. Trade, prolession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)
spant in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis? Was thara an au'opsy?..... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Manner of Injury Nature of injury 24. Was diseasa or injury in any way related to occupation of deceasad? 19. UNDERTAKER (Address) If so, specify

(Signed). (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3	and the second s	Tu Man

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	4.0
County Montgomery	Registration Dist. No. 214
Village or City & when Spring (1)	No. 9 D VO L Western St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME agnes Virginia lon	rel If U. S. Veteran, specify WAR
(a) Residence: No. 1900 (Useal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White washingtonesses	21. DATE OF DEATH November 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Ward	22. I HEREBY CERTIFY, That I attended deceased from October 10, 1935, to Movember 5, 1936
6. DATE OF BIRTH (month, day, and year) December 7 1872 7. AGE Years Months Days 1 If LESS than	I last saw h alive on Two timber 5, 1936; death is said to have occurred on the dete stated above, at 120 ft.m.
64 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Aviaeur fe SAWYER, BOOKKEEPER, etc.	Carcinoma of Hepatic they we Title do 1935
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	metablotic Carcinoma of traphague 1976
10. Date deceased last worked at this occupation (month and year) - 12 months ago occupation - 4 5 11. Total time (years)	na try ter tring
12. BIRTHPLACE (city or town) Montagonery Cerusty (State or country)	Other Contributory Causes of Importence:
E 13. NAME Eleca	
14. BIRTHPLACE (city of own). Mantagonery Co.	Name of operation. Date of
The water	What test confirmed diagnosis?
15. MAIDEN NAME Plan & Farf 16. BIRTHPLACE (city or town) D. Montzomeny County	Accident, suicide, or homicide?
17. INFORMANT MAS armold Comp	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3/5 Taltimure Poul Stockers	M.S.
Place Mockwille Lission Date Dor. 7, 1936	Nature of injury
Lind I De Stan	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (1) (Subtill) will brief (Address) week will.	If so, specify
20. FILED LLOTT 6, 1936 JE Wardens	(Signed) A. A. A. A. Will M. D. M. D. (Address) 928 Sligs Care, Lilye Hung

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 4 1 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH	
County Montationers	Registration Dist. No. 2/6
Village or City Levy Chase, med.	1 4910 Wo-to- Red
N / 0	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. ome	s ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CUMA Heatrice II	100
(a) Residence: No.47/0 Western Coe,	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3_SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 4. COLOR OB RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH ASS 1336 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Control (Non O	
(or) WIFE or homos fellow the	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 14, 1898	Hast saw h. L. alive on 2005 4 13 1936 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
38 5 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Oate of onset
kind of work done, as SPINNER, Coursewife SAWYER, BOOKKEEPER, etc.	Carceyona Tremare by like
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	levo cervit. 1963
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hallesburg (State or country)	Other Contributory Causes of importance:
13. NAME Jose J. Weaver 14. BIRTHPLACE (city or town) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Name of operation. The Operation Operation
(State or country) my,	The same of the sa
15. MAIDEN NAME Katherine mouroe	what test confirmed diagnosis?
15. MAIOEN NAME Katherine neperoe	Accident, suicide, or homicide?
(State or country) Jan - 1	Where did injury occur?
17. INFORMANT (Address) 4910 Hestern ave.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL POR VADate Nov- 46 1936	Manner of injury
NIN Tables	Nature of injury
19. UNOERTAKER 11-11- WOLLE (Addiess) 4217-9"M. Wash KO.P	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO /1-13, 19 7 B B. C. Perry m. &	(Signed) Lings W. Drugg his July D. M. D.
Registlar.	(Address) Sen Duy, We Using 1
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1. Washen Jlan

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 3	July 5, 1927	Peritonitis	3 days ago
W B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11000
country he not an esse	Positive No. 17/5
County Managney	Registration Dist. No. 4/8
Village or City Yashing Ma	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in 0. S. if of foreign birth? yrs mosds.
dilles & & Dog Will	bing on world my Veteran
2. FULL NAME SUPPLY NOAN WILL	100
(a) Residence: No. Wallow (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
male while so married.	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Cileen Wilkinson	19.34 to 11-21 19.36
6. DATE OF BIRTH (month, day, and year) from 16 - 1899	i iast saw h. Ama alive on M-20-36, 19 daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:0/A:m.
37 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
to to the total to	wera as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, Soille hacker.	Professional Control of the Control
SAWYER, BOOKKEEPER, atc	freemanan June arons 19-6
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Data dacaased last worked at 11. Total time (years)	
o this occupation (month and 1932 spent in this year) spent in this	7.
A market land	Other Contributory Canses of importanca:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME S. C. Wilkinson	
13. NAME J. C. Wilkinson 14. BIRTHPLACE (city or town) 9 22 d	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pearl Buck. 16. BIRTHPLACE (city or town) 2	23. If daath was dua to axternal causas (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mus Eileen Wilkinson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) with Lauturesburg	
18. BURIAL, CREMATION, OR REMOVALD	Manner of injury
Place / brocary my Date / 10 23, 1936	Nature of injury
John A. R. H. M.	24. Was disaasa or Injury In any way related to occupation of dacaased?
19. UNDERTAKER COM Surface Manufacture (Addrass)	If so, specify
Torque de la continua del continua del continua de la continua del la continua de	(Signed) De Mungley M.D.
20. FILED Mar. 202, 1936 almida V. Corpe	(Address) Radialle Jack

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ause of death and related causes were as follows: dear	Date of onset 1 week ago 1 week ago 3 days ago
	1 week ago
ear	
	2 days ago
	J days ago
ory causes of importance:	
	1 year
	ory causes of importance:

certificate.

back

instructions

pluods

If more blanks are needed, addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year